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|-------------------------------------------------------------------------------------|--|---------------------------------------------|----------------------------|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2007</h3> | | Application Number 10778580 | Filing Date 11/FEB/2004 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | First Named Inventor Franck Abela et al. | |
| TOTAL AMOUNT OF PAYMENT (\$) 810 | | Examiner Name Christopher J. Brown | |
| Art Unit 2134 | | Attorney Docket No. PF030038 | |

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
☒ Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING LLC
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17
 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
|-----------------------------------------------|----------|----------------------|---------|----------------------|---------|----------------------|----------------|
| FILING FEES | | | | SEARCH FEES | | EXAMINATION FEES | |
| Application Type | Fee (\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

| 2. EXCESS CLAIM FEES | | | |
|------------------------------------------------------------------------|--------------|-----------------------|----------------|
| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Each claim over 20 (including Reissues) | 50 | 25 | _____ |
| Each independent claim over 3 (including Reissues) | 200 | 100 | _____ |
| Multiple dependent claims | 360 | 180 | _____ |
| Total Claims | Extra Claims | Fee(\$) | Fee Paid (\$) |
| _____ -20 or HP= _____ | x | _____ | _____ |
| HP = highest number of total claims paid for, if greater than 20. | | | |
| Indep. Claims | Extra Claims | Fee(\$) | Fee Paid (\$) |
| _____ - 3 or HP= _____ | x | _____ | _____ |
| HP = highest number of independent claims paid for, if greater than 3. | | | |

| 3. APPLICATION SIZE FEE | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------|----------------|
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fees Paid (\$) |
| _____ - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____ | _____ |

| 4. OTHER FEE(S) | | Fees Paid (\$) |
|-----------------------------------------------------------------|-------|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | _____ | _____ |
| Other (e.g., late filing surcharge) : RCE | _____ | \$810 |

| SUBMITTED BY | | | |
|-------------------|---------------------|--------------------------------------|----------------|
| Signature | /Joseph J. Opalach/ | Registration No. (Attorney/Agent) | 1 609 734-6839 |
| Name (Print/Type) | JOSEPH J. OPALACH | Date | 8/25/2008 |